

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037908

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

9542

FILED OCT 4 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

1 WEEK

c. FULL NAME OF (If NOT in hospital, give name of)
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL.

b. COUNTY

MADISON

c. CITY

OR

TOWN

GRANITE CITY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2437 BRYAN AVE.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

CLARENCE

Middle

PADGETT

Last

4. DATE

OF

DEATH

Month

September

Day

23

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

2-26-1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CORE MAKER

10b. KIND OF BUSINESS OR INDUSTRY

AMERICAN STEEL

11. BIRTHPLACE (City and state or country)

LAWRENCE CO., ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

JOHN PADGETT

13b. MOTHER'S MAIDEN NAME

AMELIA MORLEIN

14. NAME OF HUSBAND OR WIFE

INAH PADGETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

INAH PADGETT

2437 BRYAN

GRANITE CITY

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of stomach with metastases

INTERVAL BETWEEN

ONSET AND DEATH

2 mons.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/18/63

to 9/23/63

and last saw him alive on 9/23/63

Death occurred at 3:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

9/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

9-24-63

23c. NAME OF CEMETERY OR CREMATORY

ST. JOHNS CEMETERY

23d. LOCATION (City, town, or county)

GRANITE CITY, ILL.

(State)

24. FUNERAL DIRECTOR

MERCER FUNERAL HOME ILL.

ADDRESS

GRANITE CITY

DATE RECD. BY LOCAL REG.

SEP 24 1963

25. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.